



Vital Statistics Administration

Maryland Electronic Death Registration Funeral Director Training Guide

Completing a Certificate Started by Medical Certifier

February 2020

Version 3.0

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Getting Started with EDRS

MD-EDRS functions similarly to typical online web applications. To use MD-EDRS, you will need:

- Internet connectivity
- A web browser
- Adobe reader (which may be downloaded at no charge from <http://www.adobe.com>)
- A printer
- A scanner (certain users only).

You will also need to configure your web browser to enable:

- Pop-ups; and
- JavaScript™

The MD-EDRS allows some users to scan and attach documents to the electronic record. Depending on your scanner, you may be able to select the PDF format from the scanner or by selecting "Save As" → "PDF" as the format type. Please refer to your manufacturer's instructions for additional information.

Configuring your website to allow for pop-ups will depend on the web browser that you are using. If you are not able to see or print certificates after following the instructions, you should check whether your web-browser is allowing pop-ups. For more information and instructions on enabling pop ups, please refer to the [MD-EDRS Browser Configuration and Printing Guide](#).

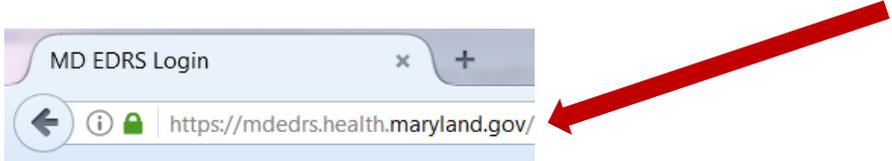
For information on enabling JavaScript© please go to <http://www.activatejavascript.org> for step-by-step instructions.

Logging onto MD-EDRS

Getting Started with the EDRS System

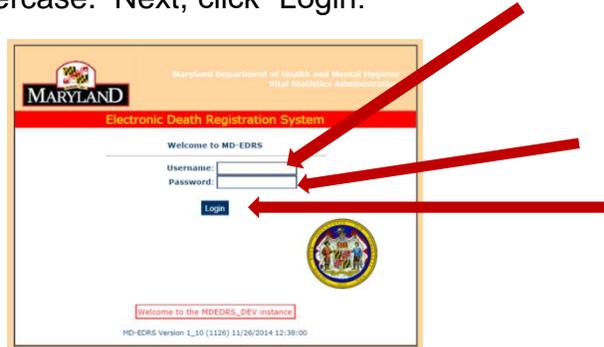
1. To get started with the EDRS system, you will need to open your web browser and key in the URL address. FOR TRAINING PURPOSES, please go to the following URL address: <https://mdedrs.health.maryland.gov/train>. **Please DO NOT ENTER ANY REAL CASES in this location.**

The URL address to use for filing actual cases is: <https://mdedrs.health.maryland.gov>



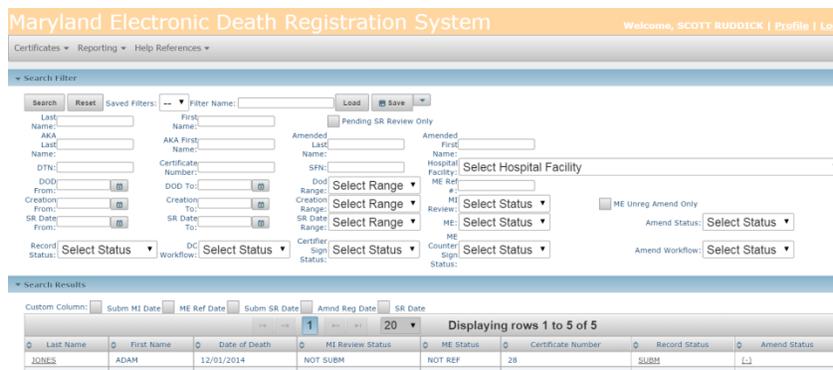
Entering the Username and Password

2. Enter the username and password which has been assigned to you by the MD-EDRS system administrator. Passwords are case-sensitive, so it is important to remember whether the letters are uppercase or lowercase. Next, click “Login.”



****NOTE: First time users will be prompted to change the password that was assigned. PLEASE MAKE A NOTE OF YOUR USERNAME AND PASSWORD AND STORE THE INFORMATION IN A SECURE LOCATION.**

Once logged in, the screen below will appear:



Completing a Certificate Started by the Medical Certifier

Once logged in, you will see the screen below:

The screenshot shows the 'Maryland Electronic Death Registration System' interface. At the top, there is a navigation bar with 'Certificates', 'Reporting', and 'Help References'. Below this is a 'Search Filter' section with various input fields for searching records, including 'Last Name', 'First Name', 'Date of Death', and 'MI Review Status'. The 'Search Results' section displays a table with 5 rows of data. The first row is highlighted, showing the record for 'JONES, ADAM' with a date of death of '12/01/2014' and a status of 'NOT SUBM'.

Last Name	First Name	Date of Death	MI Review Status	ME Status	Certificate Number	Record Status	Amend Status
JONES	ADAM	12/01/2014	NOT SUBM	NOT REF	28	SUBM	(-)
...
...
...

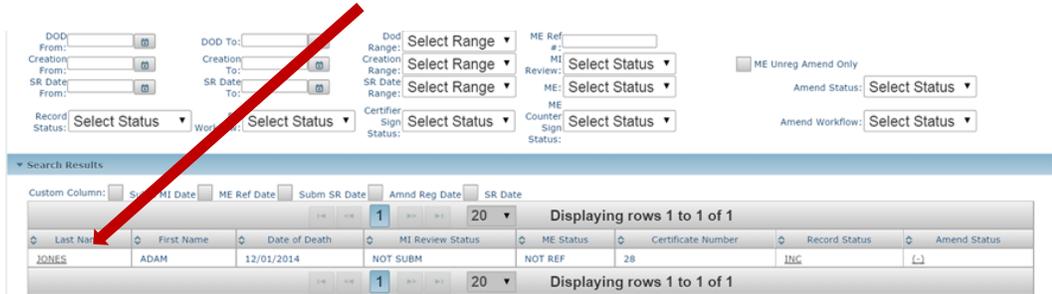
Searching for the Record

1. If the Medical Certifier has started the death record, search for the NAME of the decedent as shown on the screen below. Once your funeral home has been granted access by the Medical Certifier, the death record will appear.

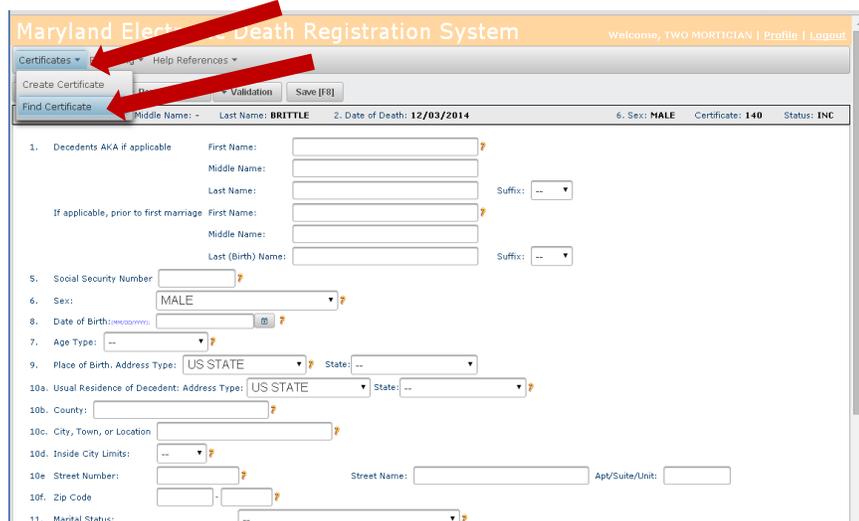
This screenshot is similar to the one above, but with a red arrow pointing to the 'Last Name' field in the search filter, which contains the text 'JONES'. The 'Search Results' table now shows only one row, indicating that the search has been refined to a single record.

Last Name	First Name	Date of Death	MI Review Status	ME Status	Certificate Number	Record Status	Amend Status
JONES	ADAM	12/01/2014	NOT SUBM	NOT REF	28	INC	(-)

2. Click on the decedent's name to open the record.



If you selected the wrong record, click on Certificates and then on “Find Certificate” to return to the search screen.



Entering the Personal Information

1. The Personal Information screen below will appear and you can enter the information in the fields. This is the same information that you currently fill out on the existing paper copy of the Death Certificate. Make sure to save the information frequently by clicking the Save [F8] tab at the top of the page.

The screenshot displays the 'Maryland Electronic Death Registration System' interface. At the top, there is a navigation bar with 'Certificates', 'Reporting', and 'Help References' menus. A 'Save [F8]' button is highlighted in the top right. The main form area is titled 'Personal Information' and contains the following fields:

- Middle Name: **ROBERT** Last Name: **JONES** Date of Death: **12/01/2014** Sex: **MALE** Certificate: **28** Status: **INC**
- First Name: [] Middle Name: [] Last Name: [] Suffix: []
- First Name: [] Middle Name: [] Last (Birth) Name: [] Suffix: []
- Number: [123456879] ?
- Sex: [MALE] ?
- DOB (MM/DD/YYYY): [12/01/1952] ?
- Age (YEARS): [62] ?
- Address Type: [US STATE] ? State: [Maryland] ?
- Decedent Address: [US STATE] ? State: [] ?
- City, Town, or Location: [WEST] ?
- Inside City Limits: [] ?
- Street Number: [] ? Street Name: [MAIN ST] Apt/Suite/Unit: [158]
- Zip Code: [21111] ?

At the bottom, there are tabs for 'Personal Information', 'Medical Information', 'Funeral Director', and 'Certificate View'. A red arrow points to the 'Save [F8]' button, and another red arrow points to the 'Personal Information' tab.

****NOTE:** There are minor changes to a few of the fields on the certificate, such as race and education. Click the ? next to the field and you will be given additional information on how to complete the item.

Validating the Personal Information

4. Next, click on the Validation tab and then on “Validate PI” to check for any errors (it may take a moment for the information to be validated).

Maryland Electronic Death Registration System

Welcome, TWO MORTICIAN | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options **Validation** Save [S]

1. First Name: **DONALD** Middle Name: [] Suffix: [] 2. Date of Death: **11/03/2014** 6. Sex: **MALE** Certificate: **48** Status: **SUBM**

1. Decedents AKA if applicable
If applicable, prior to first marriage
Last (Birth) Name: [] Suffix: []

5. Social Security Number: **384702744** ?
6. Sex: **MALE** ?
8. Date of Birth: **11/15/1977** ?
7. Age Type: **AGE YEARS** ?
9. Place of Birth, Address Type: **US STATE** ? State: **Florida**
10a. Usual Residence of Decedent: Address Type: **US STATE** State: **Maryland** ?

If any errors are found, they will be listed on the screen in red and should be corrected.

Maryland Electronic Death Registration System

Welcome, TWO MORTICIAN | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options **Validation** Save [S]

1. First Name: **PEANUT** Middle Name: **N** Suffix: [] 2. Date of Death: **12/04/2014** 6. Sex: **MALE** Certificate: **72** Status: **INC**

**Informant First Name is required,
Informant City is required,
Informant Street Name is required,
Informant Last Name is required,
Informant Middle Name is required,
Informant Address Type is required,
Informant's Relationship to Field 20b is required.**

1. Decedents AKA if applicable First Name: [] ?
Middle Name: [] ?
Last Name: [] ? Suffix: []
If applicable, prior to first marriage First Name: [] ?
Middle Name: [] ?
Last (Birth) Name: [] ? Suffix: []

5. Social Security Number: **384702783** ?
6. Sex: **MALE** ?
8. Date of Birth: **05/15/1988** ?
7. Age Type: **AGE YEARS** ? Years: **26**

Once the corrections are made, select “Validate PI” again in order to be sure that all errors have been corrected. The message “Successfully Validated Personal Information” will appear if there are no errors.

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: **ADAM** Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **INC**

Successfully validated Personal Information.

1. Decedents AKA if applicable

First Name:

Middle Name:

Last Name: Suffix: --

If applicable, prior to first marriage

First Name:

Middle Name:

Last (Birth) Name: Suffix: --

5. Social Security Number:

6. Sex:

8. Date of Birth:

7. Age Type: Years:

9. Place of Birth. Address Type: State:

Personal Information Medical Information Funeral Director Certificate View

Entering the Funeral Director Information

5. Go to the Funeral Director tab near the bottom of the page and enter the required information.

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: **ADAM** Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **INC**

21a. Method of Disposition: Burial Cremation Donation Entombment Removal from State

Other (please specify):

21b. Place of Disposition (Name of cemetery, crematory or other place):

21c. Date of Disposition:

21d. Address Type: --

Street Number: Street Name: Apt/Suite/Unit:

City, Town:

Zip Code: -

22c. Funeral Facility Name:

State: --

Street Number: Street Name: Apt/Suite/Unit:

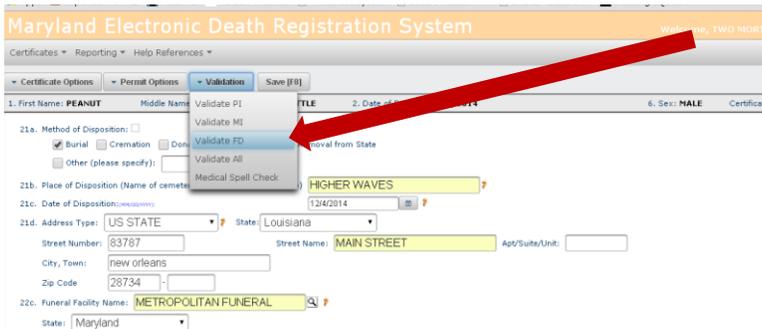
City, Town:

Zip Code: -

Personal Information Medical Information **Funeral Director** Certificate View

Validating the Funeral Director Information

When all information on this tab has been entered, click on the Validation tab near the top of the page and then on “Validate FD” to check for any errors (you may have to wait a moment for the information to be validated).



Maryland Electronic Death Registration System

Certificates Reporting Help References

Certificate Options Permit Options **Validation** Save [F8]

1. First Name: PEANUT Middle Name: Validate PI TITLE 2. Date of Death: 12/04/2014 6. Sex: MALE Certificate

21a. Method of Disposition: Burial Cremation Donation Entombment Removal from State
 Other (please specify):

21b. Place of Disposition (Name of cemetery, crematory or other place): HIGHER WAVES

21c. Date of Disposition: 12/04/2014

21d. Address Type: US STATE State: LOUISIANA

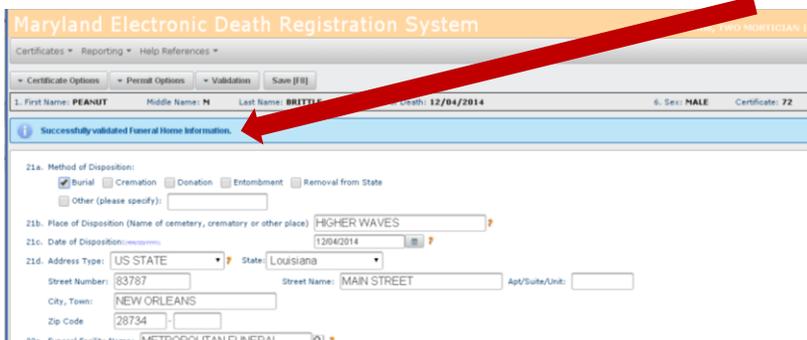
Street Number: 83787 Street Name: MAIN STREET Apt/Suite/Unit:

City, Town: new orleans

Zip Code: 28734

22c. Funeral Facility Name: METROPOLITAN FUNERAL State: Maryland

Any errors found will be listed on the screen and should be corrected. The “Validate FD” button should be clicked again to be sure there are no additional errors. The message “Successfully Validated Funeral Director Information” will appear once the information has been validated. Remember to click on the Save[F8] tab in order to save the record.



Maryland Electronic Death Registration System

Certificates Reporting Help References

Certificate Options Permit Options **Validation** Save [F8]

1. First Name: PEANUT Middle Name: M Last Name: BRITTS Date of Death: 12/04/2014 6. Sex: MALE Certificate: 72

Successfully validated Funeral Director Information.

21a. Method of Disposition: Burial Cremation Donation Entombment Removal from State
 Other (please specify):

21b. Place of Disposition (Name of cemetery, crematory or other place): HIGHER WAVES

21c. Date of Disposition: 12/04/2014

21d. Address Type: US STATE State: LOUISIANA

Street Number: 83787 Street Name: MAIN STREET Apt/Suite/Unit:

City, Town: NEW ORLEANS

Zip Code: 28734

22c. Funeral Facility Name: METROPOLITAN FUNERAL State: Maryland

Authenticating the Personal Information

6. You are now ready to authenticate the Personal Information. Click on the Certificate Options tab and then “Authenticate PI”.

The screenshot shows the Maryland Electronic Death Registration System interface. The 'Certificate Options' menu is open, and the 'Authenticate PI' option is highlighted with a red arrow. The main form displays personal information for a decedent: Middle Name: ROBERT, Last Name: JONES, Date of Death: 12/01/2014, Sex: MALE, Certificate: 28, Status: INC. The form includes fields for First Name, Middle Name, Last Name, Suffix, Social Security Number, Sex, Date of Birth, Years, Address Type, State, City, Inside City Limits, Street Number, Street Name, Apt/Suite/Unit, and Zip Code.

The following screen will appear. Check the box “Yes” and then “Continue”.

The screenshot shows the 'Authenticate Personal Information' screen. The text reads: 'To authenticate the Personal Information section, confirm the accuracy of the information and click Continue. This will lock the Personal Information fields. If the records fails the Personal Information validation, you will return to the view record screen where you can correct the problem(s)'. Below this, there is a checkbox labeled 'Yes' which is checked, and a 'Continue' button. The main form displays personal information for a decedent: First Name: ADAM, Middle Name: ROBERT, Last Name: JONES, Date of Death: 12/01/2014, Sex: MALE, Certificate: 28, Status: INC. The screen also includes a 'Cancel' button and a footer with 'MD-EDRS 2015' and links for 'Help', 'Contact Us', 'About MD-EDRS', and 'Privacy Policy'.

You will receive a message that the Personal Information has been successfully authenticated.

The screenshot shows the Maryland Electronic Death Registration System interface with a success message: 'Successfully authenticated Personal Information.' The main form displays personal information for a decedent: First Name: PEANUT, Middle Name: M, Last Name: BRITTLE, Date of Death: 12/04/2014, Sex: MALE, Certificate: 72, Status: INC. The form includes fields for Decedents AKA if applicable, First Name, Middle Name, Last Name, Suffix, Social Security Number, Sex, and Date of Birth.

Signing the Certificate

7. The next step is to sign the record as the Funeral Director. Click on Certificate Options and then “Sign FD.”

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

View Status Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **INC**

Save

Grant Access

Refer to ME

Request SSN Verification

Sign FD

Submit MI for SR Review

View/Edit Signatures

Drop to Paper

Print Working Copy

1. First Name: **ADAM** Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **INC**

I, **SCOTT RUDDICK**, am the Funeral Service Licensee or Funeral Service Licensee's agent. I confirm the Decedent's demographic information and disposition information is correct and accurate to the best of my knowledge.

Yes No

Continue Cancel

MD-EDRS 2015

[Help](#) | [Contact Us](#) | [About MD-EDRS](#) | [Privacy Policy](#)

10c. City, Town, or Location: **WESTMINSTER**

10d. Inside City Limits: **NO**

10e. Street Number: **123** Street Name: **MAIN ST.** Apt/Suite/Unit: **158**

10f. Zip Code: **21111**

11. Marital Status: **--**

Personal Information Medical Information Funeral Director Certificate View

The following screen will appear. Check the box “Yes” and “Continue”.

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates Reporting Help References

Sign Funeral Service Licensee

To sign as the Funeral Service Licensee or Agent, confirm below and click the Continue button.

1. First Name: **ADAM** Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **INC**

I, **SCOTT RUDDICK**, am the Funeral Service Licensee or Funeral Service Licensee's agent. I confirm the Decedent's demographic information and disposition information is correct and accurate to the best of my knowledge.

Yes No

Continue Cancel

MD-EDRS 2015

[Help](#) | [Contact Us](#) | [About MD-EDRS](#) | [Privacy Policy](#)

You will receive a message that the Certificate was successfully signed.

Maryland Electronic Death Registration System

Welcome, TWO MORTICIAN | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: **PEANUT** Middle Name: **M** Last Name: **BRITTLE** 2. Date of Death: **12/04/2014** 6. Sex: **MALE** Certificate: **72** Status: **INC**

Successfully signed certificate.

21a. Method of Disposition:
 Burial Cremation Donation Entombment Removal from State
Other (please specify):

21b. Place of Disposition (Name of cemetery, crematory or other place): **HIGHER WAVES**

21c. Date of Disposition: **12/04/2014**

21d. Address Type: **US STATE** State: **Louisiana**
Street Number: **83787** Street Name: **MAIN STREET** Apt/Suite/Unit:
City, Town: **NEW ORLEANS**
Zip Code: **28734**

22c. Funeral Facility Name: **METROPOLITAN FUNERAL**

Printing a Working Copy of the Certificate

8. Print out a final working copy of the death certificate by clicking on Certificate Options and then “Print Working Copy.”

The screenshot shows the Maryland Electronic Death Registration System interface. At the top, it says "Maryland Electronic Death Registration System" and "Welcome, PHYSICIAN CERTIFIER | Profile | Logout". Below this is a navigation bar with "Certificates", "Reporting", and "Help" menus. A dropdown menu for "Certificate Options" is open, showing options like "View Status", "Save", "Abandon Certificate", "Grant Access", "Refer to ME", "Request SSN Verification", "Attest Certifier", "Submit MI for SR Review", "Edit Decedent Name", "Edit Date of Death", "View/Edit Signatures", "Drop to Paper", and "Print Working Copy". A red arrow points to the "Print Working Copy" option. The main form area shows fields for "Middle Name: ROBERT", "Last Name: JONES", "Date of Death: 12/01/2014", "Sex: MALE", "Certificate: 28", and "Status: INC". Other fields include "First Name: ADAM", "Middle Name: ROBERT", "Last Name: JONES", "Suffix: --", "Date of Birth: 12/01/1952", "Sex: M", "Age: 62 YR", "Birthplace: MARYLAND", "City, Town or Location: WESTMINSTER", "County of Death: CAROLINE", "Address: 123 MAIN ST, 155", "State: MD", "Zip Code: 21111", "Marital Status: NO", "Ever in U.S. Armed Forces?: NO", "Hispanic Origin?: NO", "Race: JAPANESE, HAWAIIAN", "Decedent's Education: BACHELOR", "Decedent's Usual Occupation: TEACHER", "Business/Industry: COLLEGE", "Father's Name: ROGER LAWRENCE JONES", "Mother's Name Prior to First Marriage: ANNE MARIE GREEN", and "Immediate Cause (Final disease Or condition resulting in death): LUNG CANCER".

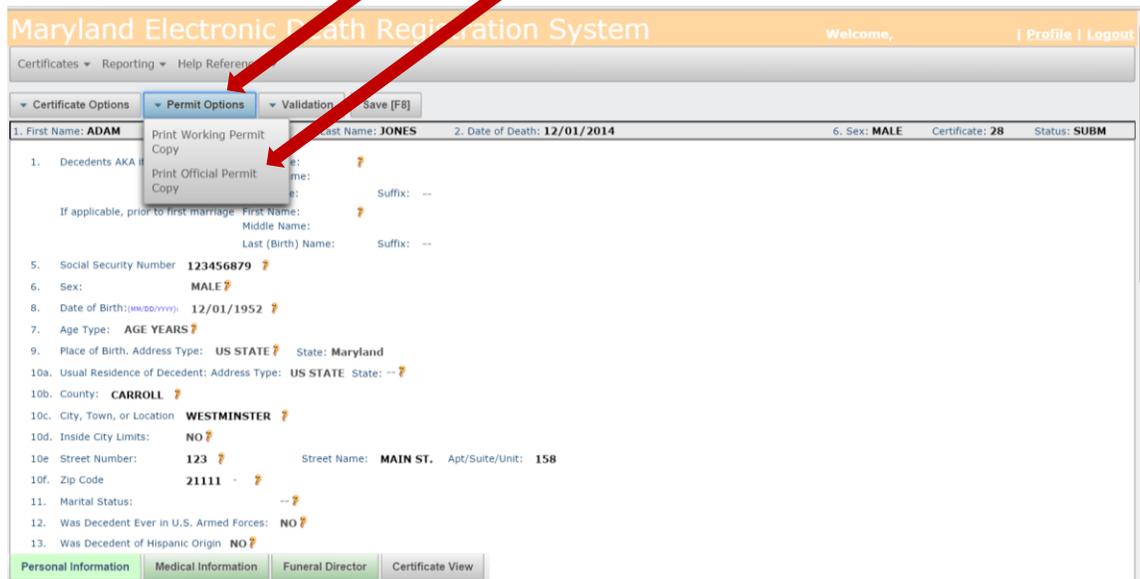
****NOTE:** Printing on legal sized paper (8 ½ x 14) will make the certificate easier to view, although letter sized paper (8 ½ x 11) may also be used. Remember to enable popups on your web browser in order to view and print the death certificate.

A copy of the information that has been entered may be viewed at any time by clicking “Certificate View” near the bottom of the screen.

The screenshot shows the "Certificate View" page. At the top, it says "Certificate View" and "Printed on 12/02/2014 16:14:35". Below this is a "Certificate of Death" form. The form is titled "Certificate of Death" and "Printed By: RUDDICK, SCOTT (BRUDDICK)". The form contains the following information: 1. Decedent's Name, JKA Name (if any): ADAM ROBERT JONES; 2. Date of Death: 12/01/2014; 3. Time of Death: 0900; 4a. Facility Name; 4b. City, Town or Location of Death; 4c. County of Death: CAROLINE; 5. Social Security Number: 123456789; 6. Sex: M; 7. Age: 62 YR; 8. Date of Birth: 12/01/1952; 9. Birthplace: MARYLAND; 10a. State: MD; 10b. County: WESTMINSTER; 10c. Inside City Limits?: NO; 10d. Address: 123 MAIN ST, 155; 10e. Zip Code: 21111; 11. Marital Status; 12. Ever in U.S. Armed Forces?: NO; 13. Hispanic Origin?: NO; 14. Race: JAPANESE, HAWAIIAN; 15. Decedent's Education: BACHELOR; 16. Decedent's Usual Occupation: TEACHER; 17. Business/Industry: COLLEGE; 17. Father's Name: ROGER LAWRENCE JONES; 18. Mother's Name Prior to First Marriage: ANNE MARIE GREEN; 19. Immediate Cause (Final disease Or condition resulting in death): LUNG CANCER. At the bottom of the form, there are tabs for "Personal Information", "Medical Information", "Funeral Director", and "Certificate View". A red arrow points to the "Certificate View" tab.

Printing the Burial Transit Permit

9. The Burial Transit Permit can be printed once the death certificate is complete. Click on the Permit Options tab and then on “Print Official Permit Copy.”



****NOTE:** A “Working Permit Copy” of the Burial Transit Permit can be printed while you are preparing the death certificate.

The document shown below will be printed:

Maryland Burial Transit Permit			
This permit must accompany remains to destination			File Number
1. Decedent's Name, AKA Name (if any) ADAM ROBERT JONES		2. Date of Death 12/01/2014	3. Time of Death 0100
4a. Facility Name		4b. City, Town or Location of Death	4c. County of Death CAROLINE
5. Social Security Number 12345679	6. Sex M	7. Age 52 YR	8. Date of Birth 12/01/1952
9. Birthplace MARYLAND		10. Inside City Limits? NO	
10a. Usual Residence of Decedent 10a. State		10b. County WESTMINSTER	10c. City, Town or Location WESTMINSTER
10d. Address 123 MAIN ST. 158		10f. Zip Code 21111	
11. Marital Status	12. Ever in U.S. Armed Forces? NO	13. Hispanic Origin? NO	
14. Race JAPANESE, HAWAIIAN		15. Decedent's Education BACHELOR	
16a. Decedent's Usual Occupation TEACHER		16b. Business/Industry COLLEGE	
17. Father's Name ROGER LAWRENCE JONES		18. Mother's Name Prior to First Marriage ANNE MARIE GREEN	
19. Surviving Spouse's Name BARBARA LYNN JONES			
20a. Informant's Name BARBARA LYNN JONES		20b. Informant's Relationship WIFE	
20c. Informant's Mailing Address 123 MAIN ST. 158, WESTMINSTER, MD 21111			
21a. Method of Disposition BURIAL	21b. Place of Disposition DRUID HILL CEMETERY	21c. Date of Disposition 12/02/2014	21d. Location 1 OLD COURT RD, BALTIMORE, MD 21209
22a. Signature of Funeral Service Licensee SCOTT A RUDDICK		22b. License No 9999	22c. Name and Address of Funeral Facility 58 FUNERAL HOME RD., BALTIMORE, MD 21215
Authority for Burial, Transportation, Removal, Cremation or Other Disposition			
This burial permit, when completely filled in and bearing below the signature of the attending physician and funeral director, constitutes authority for burial, transportation, removal, cremation or other disposition of the deceased named above.			
Cemetery or Crematory Authority Shall Fill Out Section Below			
The deceased named above was			

Submitting the Record to the Division of Vital Records

10. In order to file the death certificate with the Division of Vital Records, click on the Certificate Options tab and “Submit to Registrar.”

The screenshot shows the Maryland Electronic Death Registration System interface. The 'Certificate Options' dropdown menu is open, and 'Submit to Registrar' is highlighted. The background shows a 'Certificate of Death' form for Robert Jones, dated 12/01/2014. The form includes fields for personal information, medical information, and funeral director details. The 'Certificate View' tab is active at the bottom.

When the following screen appears, check the box “Yes” and “Continue.”

The screenshot shows the 'Submit Certificate to State Registrar' confirmation screen. It includes a confirmation message: 'I, SCOTT BRUDDICK, confirm that I wish to submit this certificate to the Registrar at this time. The information is complete and accurate to the best of my knowledge.' There is a 'Yes' checkbox and 'Continue' and 'Cancel' buttons. The background shows the same certificate information as the previous screenshot.

You will receive a message that the Certificate has been successfully submitted for registration. The Division of Vital Records (DVR) will review the information on the Certificate and notify you if any changes are needed.

Checking on the Status of the Record

As soon as the record has been reviewed by DVR staff and determined to be complete, the death will be registered and certified copies of certificates will be available for issuance. This will occur no later than one business day following the filing of a Certificate. You may check to see whether a certificate has been registered by clicking on the Certificate Options tab and “View Status.”

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates Reporting Help References

▼ Certificate Options Submit Options Validation Save [F8]

View Status Save Grant Access Refer to ME Request SSN Verification Submit MI for SR Review View/Edit Signatures Print Working Copy

Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **SUBM**

10a. Usual Residence of Decedent: Address Type: **US STATE** State: **Maryland**

10b. County: **CARROLL**

10c. City, Town, or Location: **WESTMINSTER**

10d. Inside City Limits: **NO**

10e. Street Number: **123** Street Name: **MAIN ST.** Apt/Suite/Unit: **158**

10f. Zip Code: **21111**

11. Marital Status: **--**

Personal Information Medical Information Funeral Director Certificate View

Check the information on the right side of the page to see if a Certificate Number has been assigned, which indicates that the death has been registered and the Certificate is available for issuance.

Maryland Electronic Death Registration System

Welcome, FLOW MORTICIAN | Profile | Logout

Certificates Reporting Help References

Status Folder

The Status Folder provides an overview of the certificate's status and basic decedent information. Registration numbers are provided for registered records.

View Certificate Cancel

Decedent Information

Last Name: **HERMAN** Certificate Number: **4**

First Name: **ANNA** DTN: **320140000140000**

Date of Death: **11/04/2014** Registration Number: **32014MD000006**

Time of Death: **0259**

Sex: **FEMALE**

Status Values

Certificate: **REG SR** Funeral Director Sign: **ATT**

DC Workflow: **ELECTRONIC** Certifier Sign: **ATT**

Reported to ME: **ACC** Certifier Sign Method: **ELECTRONIC**

SR Flag: **ACC** Certifier Type: **CERTIFYING PHYSICIAN**

Duplicate Flag: **120** ME Countersign: **UN ATT**

FD Auth: **AUTH** ME Countersign Method: **ME Countersign Method**

MI Review: **SUBM** SSNV Request Status: **NOTREQ**

Reasons/Messages

ME Reported: **DEATHS DUE TO OLD OR RECENT INJURIES OR ACCIDENTS**

MI Review:

Reject:

Register w/Exception:

SR Review Flag:

SR Void:

Duplicate Status Notes: